



LICENSE YEAR _____

INDICATE TYPES OF LICENSING REQUIRED	INDICATE TYPE OF OPERATION	INDICATE TYPE OF APPLICATION	PAYMENT OPTION FOR ORIGINAL OR RENEWAL ONLY
<input type="checkbox"/> 100% NEVADA ONLY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> FULL
<input type="checkbox"/> SPECIAL FUEL ONLY	<input type="checkbox"/> FOR HIRE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> PARTIAL
<input type="checkbox"/> IRP	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> SUPPLEMENT	
<input type="checkbox"/> IFTA	<input type="checkbox"/> REGULATED		
<input type="checkbox"/> SPECIAL MOBILE EQUIPMENT	<input type="checkbox"/> HOUSEHOLD GOODS		
<input type="checkbox"/> INTRASTATE AUTHORITY	<input type="checkbox"/> RENTAL COMPANY		

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____
2. FEDERAL DOT # (if applicable) _____
3. LEGAL BUSINESS NAME _____
DBA _____
4. PHYSICAL ADDRESS (**Not a PO Box**) _____
5. CITY, STATE, ZIP _____
6. MAILING ADDRESS _____
7. CITY, STATE, ZIP _____
8. LIST ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS AND TITLES

9. CONTACT PERSON AND TITLE _____

10. TELEPHONE & FAX # (INCLUDE AREA CODE) _____

11. REPORTING SERVICE NAME _____

12. MAILING ADDRESS _____

13. CITY, STATE, ZIP _____

14. TELEPHONE & FAX # (INCLUDE AREA CODE) _____

15. ARE TAX RETURNS TO BE MAILED TO THE REPORTING SERVICE? YES NO

16. DO YOU MAINTAIN BULK FUEL STORAGE TANKS? YES NO

17. IF "YES," LOCATION _____ TANK CAPACITY _____

18. DO YOU SELL FUEL IN NEVADA? YES NO INDICATE TYPES: GASOLINE GASOHOL
 JET FUEL AVIATION FUEL DIESEL LPG CNG A55 KEROSENE

19. NUMBER OF IFTA QUALIFIED MOTOR VEHICLES REGISTERED IN NEVADA (if applicable)_____

20. ARE YOU CONSOLIDATING OUT OF STATE FLEETS WITH YOUR NEVADA IFTA? YES NO
 A. IF YES, PLEASE ENTER NUMBER OF NON-NEVADA QUALIFIED MOTOR VEHICLES:

Under penalties of perjury, the applicant declares that the information given is to the best of the applicant's knowledge true, accurate and complete. The applicant agrees to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement, the International Registration Plan, and the Nevada Revised Statutes as applicable; these forms can be accessed through the Department's website (www.dmvnv.com). The applicant further agrees that the Motor Carrier Division may withhold any refunds due if the applicant is delinquent on payment of any fees due the Department or fuel taxes due to any member jurisdictions. Failure to comply with these provisions shall be grounds for revocation of license in Nevada and all member jurisdictions. The applicant agrees to maintain insurance pursuant to NRS 485.185 and 706.291 and will comply with the Motor Carrier Safety Regulations.

TITLE	DATE
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For Office Use Only

Date Received	Date Approved	Date Issued	Initials	VISTA Account #	Fleet #
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